

**Brian Hepburn, M.D.,
MHA
Interim
Executive
Director**



Dr. Hepburn received his M.D. degree in 1979 from the University of Michigan School of Medicine. His residency training in Psychiatry was at the University of Maryland from 1979-1983, and he was an Assistant Professor at the University for the next five years.

From 1987 to 1997, Brian Hepburn served as Director of Psychiatric Education and Training with the Mental Hygiene Administration. Dr. Hepburn has been the Clinical Director of the Mental Hygiene Administration, Department of Health and Mental Hygiene since 1997. ■

Note from Editor: Deadline for submission of articles for next issue of *Linkage* is **August 23, 2002.**

Advance Directives for Mental Health Services

During the 2001 Legislative session, the Maryland Legislature passed, and Governor Glendening signed into law, legislation requiring residential mental health facilities before discharging an individual to notify the individual of the advisability of making an advance directive for mental health services. If the individual wishes to make an advance directive and the individual requests assistance, the facility must assist the individual or refer the individual to an appropriate community resource to assist the individual. The legislation, now codified at Health General §10-809(b), requires the Department to provide training, sample forms, and information on advance directives.

The Mental Hygiene Administration has developed a model Advance Directive for Mental Health form. Individuals may use the model form or create their own document. The law does not require a specific form be used, however, there are certain requirements regarding signatures and witnesses. The MHA sample form may be downloaded from the MHA website. During the next few months, MHA will continue to provide trainings to inpatient psychiatric providers, community mental health providers and consumers regarding the new law, the advantages of an advance directive, and the legal requirements of said document. If you are interested in attending a training or obtaining a model form, please contact: Ms. Carol Frank, MHA's Chief of Training, at (410) 402-8469. The next training is scheduled for Wednesday, August 7, 11 am to 12 noon at the Walter P. Carter Center. ■

KUDOS to Villa Maria, for receiving the highest level of accreditation possible from the Joint Commission on the Accreditation of Healthcare Organizations. ■

Linkage

Oscar Morgan
Director

Tim Santoni
Deputy Director

Jean Smith
Editor

Janet Morehouse
Graphic Designer

An Equal Opportunity Employer

Contributions are welcome, but subject to editorial change. Please send to Editor at above address.

Linkage

Vol. 11, No. 4; Vol. 12, No. 1 & 2

Winter 2001/Spring & Summer 2002

FROM THE OFFICE OF THE DIRECTOR

A Fond Farewell *By Oscar Morgan*



The Mental Hygiene
Administration,
The Maryland
Department of
Health and
Mental Hygiene

Parris N. Glendening,
Governor

Kathleen Kennedy
Townsend,
Lt. Governor

Georges C. Benjamin, MD
*Secretary,
Department of Health
and Mental Hygiene*

Although our journey in life can take us on many roads, the roads traveled usually result in stimulating our senses, enlightening our spirit, and enriching our lives. Yet, at this time I find it somewhat difficult to begin this newest journey. Although my professional growth and family commitments urge me to journey forth, I find it hard to leave behind so many dear colleagues and friends.

The Mental Hygiene Administration (MHA) has been my home since 1984. Since that time, I have had the privilege to work with many dedicated public employees, caring community advocates, providers, and families. Throughout the years, their commitment, their energy, and their collaborative spirit in "getting the job done" has encouraged me. My journey as the Director of MHA began in the fall of 1997. That was a time of great change for Maryland's Public Mental Health System (PMHS). Implementing a fee-for-service system in July of that year presented MHA with great opportunities and numerous challenges. With the tremendous support of the community and provider network, many of these challenges were met. Recent consumer satisfaction surveys show that approximately 85% of consumers were satisfied with the services

they received in the PMHS. The system was so successful that our growth had surpassed our expectations. It became apparent that the demand for services had exceeded resources. Thus, in the late Spring of 2002 we found ourselves refining the Public Mental Health System.

In order for the PMHS to continue to be successful, we have to keep up with the demand and remain within budget constraints. I again had the privilege of embarking on this journey with you. Stepping out on the threshold of change, I found myself immersed in the task at hand with representatives from all sectors of the PMHS — consumers, family members, mental health advocates, providers, Core Service Agencies, and others. The end result was the response to the Joint Chairman's Report of the Senate Budget and Taxation Committee of the 2001 Legislative Session. The report outlined our commitment to succeed. I want to thank everyone for their dedication, and to applaud your continuing creative process in the implementation of improving Maryland's Public Mental Health System. (See the article on Reconfiguration.)

Now as I begin my newest journey as Senior Director, Mental Health Policy

Continued

A Fond Farewell *Continued*

with the National Mental Health Association, I will take with me the pride we share in working towards improving the lives of those with mental illness. Lessons learned in Maryland will help me share policies effecting the nation. It is also encouraging to know that as I travel this road, the MHA will continue its journey to refining the PMHS with a leader very familiar with the challenges ahead.

I am pleased that Dr. Brian Hepburn, MHA's Clinical Director, has assumed the responsibilities of the MHA Executive Director position on an interim basis. I have had the privilege of working with Dr. Hepburn for a number of years, as have many of you, and admire his dedication and professional ethics. His commitment to the public sector and to consumers is indisputable. (See article on page 6).

I would like to thank the Mental Hygiene Administration staff who tolerated my sense of humor, and held my hand and opened my heart during my tenure. Thank you for being there for me.

In closing, I again want to thank you for your support throughout my tenure. I will hold dear the memories, and having had the opportunity to know and work closely with many of you, I am forever encouraged with renewed energy. ■

Reconfiguration of the Public Mental Health System *Questions and Answers*

BACKGROUND

Why did the Mental Hygiene Administration (MHA) undertake the reconfiguration of the public mental health system (PMHS)?

- The fiscal year 2003 budget bill requires MHA to reconfigure the PMHS because of the same fiscal pressures that face systems in other states.

What are the fiscal challenges facing the PMHS in Maryland?

- More individuals are entitled to services through Medicaid, primarily because of growth in the Maryland Children's Health Program.
- The limited mental health benefits offered by private insurance carriers and Medicare.
- Greater demand for services for the under and uninsured. Many of these individuals are not eligible for Medicaid.
- Need for more intensive and costly services.

What is the fiscal status of the PMHS?

- MHA currently projects that there will be a cumulative deficit of about \$63 million by the end of fiscal year 2002. The Governor and General Assembly assisted MHA by allocating \$54 million in disproportionate share payments to the PMHS. These federal payments reimburse the State for uncompensated care provided by the State psychiatric hospitals.
- For fiscal year 2003, the Governor and General Assembly approved an additional \$42 million, including \$25 million in State general funds, for community-based services.
- The reconfiguration of the system will allow MHA to make further adjustments to align expenditures with budgeted resources and maintain appropriate levels of services for those currently in the system.

How did MHA decide on the reconfiguration?

- MHA and a workgroup comprised of providers and consumer advocates designed a system that met the specifications of the fiscal 2003 budget bill. Chaired by Steve Baron of the Baltimore Mental Health Systems, the workgroup developed recommendations for MHA to consider.
- MHA is moving forward to implement some of the workgroup's recommendations. Other suggestions will require further study by DHMH because of concerns about the impact on consumers and the cost implications for the State.

STRUCTURE OF THE PMHS

How is the current system configured?

- MHA reimburses providers on a fee-for-service basis for

Continued

Reconfiguration of the PMHS System

Continued

Medicaid and Medicaid-ineligible consumers. Fee-for-service means that providers are reimbursed for services they have already provided.

How will the structure of the PMHS change?

- As directed by the fiscal year 2003 budget bill, MHA will implement a grants system to reimburse providers for the care of Medicaid-ineligible consumers for some services. Instead of sending bills for services, providers will receive a set amount of funding in advance to cover costs of care for a designated number of individuals.

What is the time frame for implementing the change in payment systems?

- The phase-in of the grants system is expected to start in July 2002, beginning with the Psychiatric and Residential Rehabilitation programs (PRP and RRP). The phase-in process will allow the opportunity for any needed adjustments and ensure a smooth transition for consumers and providers.

IMPACT ON CONSUMERS

Will all consumers currently in the PMHS continue to receive services?

- Yes. MHA's priority is to ensure consumers maintain services at the appropriate levels of care.

Will there be any change for consumers who are already in the system?

- Consumers will continue to receive appropriate levels of services. For the Medicaid-ineligible consumers, the number of individuals to be served will remain at the present capacity for Psychiatric Rehabilitation Program (PRP) services, and will be capped at the fiscal 2001 expenditures for Residential Rehabilitation program (RRP) services. There may be some limitation of availability of these services for new consumers coming into the system.
- There will be no changes in the delivery of services for Medicaid consumers.

Will it be more difficult for new consumers to access the PMHS?

- There will be no change in service access for Medicaid consumers. Medicaid is an entitlement under federal and State laws.
- MHA may limit new enrollment for Medicaid-ineligible consumers. Priority will be given to those consumers who meet eligibility requirements similar to the Maryland Pharmacy Assistance Program and the Maryland Primary Care Program (income below 116 percent of the Federal Poverty Level and assets below \$3,750.) As stated, the availability of residential and psychiatric services will be limited.

BENEFITS

Who benefits from the reconfiguration and additional funding?

- Providers and consumers. Consumers currently in the PMHS will be able to continue to receive services at the appropriate level of care, and providers may be able to improve their financial stability.
- MHA will use a portion of new fiscal year 2003 funding to increase the rates of services performed by psychiatrists as recommended by a study by Health Management Consultants, LLC, an independent contractor. This may improve the financial stability of many of the community mental health clinics.
- The grants payment system will reduce the administrative burdens on providers. ■



Kudos to MHA's Own

Mr. Henry Westray, MHA's State-wide Coordinator for Youth Suicide Prevention was honored with the "Distinguished Black Marylanders Award" which was presented to him at a reception held on February 17, 2002.

May – Mental Health Month

Many thanks to all—exhibitors, advocates, consumers, State and local employees, and participants—for your continuing commitment and assistance in bringing awareness to the issues of mental illness and the importance of maintaining positive mental health.

Progress Seen with the School-Based Mental Health and Violence Prevention Initiative

by Deana Krizan and Tom Merrick

The six jurisdictions awarded implementation grants — Baltimore City, Baltimore County, Garrett County, Kent County, Somerset County and St. Mary's — are moving forward with their plans to develop school-based mental health and violence prevention programs within their school districts. Each jurisdiction is required to develop or enhance a broad-based local partnership, of governmental and non-governmental constituencies, that is responsible for the development and implementation of the school-based mental health and violence prevention initiative. Presently, Local Partnerships have been formed in each jurisdiction and are now in the process of implementing evidenced-based mental health and violence prevention services within their schools.

Baltimore County is expanding their school-based wellness centers to provide increased mental health prevention and

intervention services to students and their families. Baltimore City is strengthening their current array of evidenced-based services by increasing the availability of school-based mental health clinicians, implementing skillstreaming to enhance pro-social skill development, and increasing early intervention services to children in kindergarten and first-grade who have a history of suspension and expulsion.

Garrett County increased the number of mental health clinicians and mentors that will provide mental health and substance abuse prevention and intervention services. Members of the Garrett County Local Partnership attended educational seminars on life skills training and "Dare To Be You." Both educational training sessions provided useful information for this local partnership that is being used as this jurisdiction continues their implementation process.

Kent County has increased the number of school psychologists providing screening and intervention services to at-risk students. The Kent County Local Partnership hosted a one-day retreat that focused on visioning and team building for the school-based mental health and violence prevention initiative. Attendees discussed their shared goals and learned about resources and services available in their jurisdiction.

Somerset County is developing early identification and

intervention services for pre-school and elementary age children and will also provide supportive activities for older youth and their families. Howard Adelman and Linda Taylor of the UCLA School Mental Health Project Center for Mental Health in Schools provided a two-day training and technical assistance seminar to the Somerset County Local Partnership. This training focused on ways to develop coordinated systems of care that provide a full continuum of services to enhance mental health, social development, and learning in youth.

More information on the School-Based Mental Health and Violence Prevention Initiative's progress will be provided in upcoming issues of *Linkage*. For more information please contact Tom Merrick at 410-402-8488. ■

The New Systems Evaluation Center

by Sandy Sundeen

The Mental Hygiene Administration has a new collaborator at the University of Maryland. Located in the Center for Mental Health Services Research of the Department of Psychiatry, the Systems Evaluation Center (SEC) began work in August 2001. It is one of three Centers that comprise the Mental Health Systems Improvement Collaborative. The others are the Training Center and the Evidence-Based Practice Center. All three Centers are directed by Howard Goldman, M.D., Ph.D. Other SEC staff include:

Continued

The New Systems Evaluation Center *Continued*

Sandra Sundeen, M.S., R.N., Program Manager; Diana Seybolt, Ph.D., Research Supervisor; Fred Osher, M.D., Senior Research Consultant; and Linda Schools, Administrative Assistant.

The SEC was created because MHA desires to have a methodical approach to measuring system performance. Combining the resources of the University of Maryland with those of MHA brings together expertise in the areas of research, public policy, and clinical services. It also provides ready access to sources of data. In addition, the relationship with the Evidence-Based Practice Center will facilitate evaluation of the implementation of evidence-based practices throughout the Public Mental Health System (PMHS). (The activities of this Center were described in the last issue of *Linkage*.)

The charge of the SEC is to assist the MHA to improve the performance of the PMHS by designing and implementing quality improvement and research projects related to specific areas of interest identified by MHA. Center staff are also available to consult with other PMHS components such as Core Service Agencies and advocacy groups regarding evaluation questions that are related to our mission. At present MHA has created a Steering Committee, including stakeholders and MHA staff, to identify performance outcomes for the PMHS. Representatives of the Milbank

Memorial Fund in New York, New York; and the National Association of State Mental Health Program Directors Research Institute, located in Alexandria, Virginia, are providing consultation. The SEC provides staff support and coordination for the effort. The performance measures that are identified will be presented to interested members of the mental health community before adoption, and becoming an important component of the PMHS evaluation plan.

The SEC has completed its first project, a quality improvement study of aftercare planning by inpatient psychiatric units. The study was required by the General Assembly during its 2001 session. Because of the need to complete the study by the end of the year, a key informant interview methodology was used. Standardized interviews were conducted with inpatient program staff at a sample of private psychiatric hospitals, acute general hospital mental health units, and State facilities (including State-operated residential treatment centers for children and adolescents).

To receive a copy of the Executive Summary or complete Aftercare Planning Quality Improvement Study report, contact the SEC at 410-706-1766. Your comments and ideas are also welcomed. ■

CALENDAR OF EVENTS

- June 12, 2002 **Cultural Fest Annual Conference**; for more details contact Iris Reeves, MHA Staff Development and Training, at (410) 402-8473.
- June 13, 2002 **Local Mental Health Advisory Committee Semi-Annual Training**; for more information, contact Cynthia Petion of MHA Planning Division, at (410) 402-402-8474.
- June 18, 2002 **Mental Hygiene Administration/Developmental Disabilities Administration Conference**; featuring Dr. Joan Beasley. For more information, contact Stefani O'Dea, MHA Adult Services, at (410) 402-8476.
- July 12, 2002 **The Sixth Annual Symposium on Mental Disability and the Law, "Community Reintegration for Court-Involved Individuals: Legal, Clinical & Systems Issues."** For more information, contact Debra Hammen, MHA Forensic Services at (410) 724-3178.
- October 10, 2002 **Fourteenth Annual Suicide Prevention Conference**; for more details contact Henry Westray, MHA Child and Adolescent Division, at (410) 402-8487.
- October 10, 2002 **NAMI Annual Conference**; for more information, contact Dana Lefko at (410) 467-7100.
- October 10, 2002 **National Depression Screening Day, and DHMH's Annual Fall Fest and Talent/Gong Show Presentation** – watch for details.